**Inter-Agency Humanitarian Evaluation (IAHE) of Response to Conflict in South Sudan**

***Inception Report***

*April 2015*

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**Acronyms**

AAP Accountability to Affected Populations

ALNAP Active Learning Network for Accountability and Performance

CAP Consolidated Appeals Process

CLA Cluster Lead Agencies

CwC Communicating with Communities

CRP Crisis Response Plan

CERF Central Emergency Response Fund

CHF Common Humanitarian Fund

FAO United Nations Food and Agriculture Organization

HC Humanitarian Coordinator

HCT Humanitarian Country Team

HRP Humanitarian Response Plan

IAHE MG Inter-Agency Humanitarian Evaluation Management Group

IAHE AG Inter-Agency Humanitarian Evaluation In-Country Advisory Group

IAHE SG Inter-Agency Humanitarian Evaluation Steering Group

IAHE Inter-Agency Humanitarian Evaluation

IASC Inter-agency Standing Committee

IDP Internally Displaced Persons

ICRC International Committee of the Red Cross

IFRC International Federation of Red Cross and Red Crescent Societies

INGO International Non-Governmental Organization

NFI Non-Food Item

NGO Non-Governmental Organization

NNGO National Non-Governmental Organization

OCHA United Nations Office for the Coordination of Humanitarian Affairs

OPR Operational Peer Review

SO Secondary Objective

SRP Strategic Response Plan

PoC Protection of Civilians

TOR Terms of Reference

UN United Nations

UNDAC United Nations Disaster Assessment and Coordination system

UNDP United Nations Development Programme

UNHCR United Nations High Commissioner for Refugees

UNICEF United Nations International Children’s Emergency Fund

UNMISS UN Mission in South Sudan

WASH Water, Sanitation and Hygiene (Cluster)

WFP United Nations World Food Programme

WHO United Nations World Health Organization

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**Section One: Introduction**

* 1. **The Inception Report**

This inception report describes how the evaluation team will fulfil the Terms of Reference (ToR –Annex 1). This is the first output from the evaluation and is based on both an initial document review and consultations with selected stakeholders. It lays the foundation for the remainder of the evaluation by providing key information on the proposed scope and focus of the evaluation; the planned methodology; and the way in which the evaluation will be organised. It includes the Evaluation Matrix which is the key part of the methodology.

This is the second IAHE since the protocols associated with the new Transformative Agenda (TA) were issued. The evaluation team has drawn on the methods, lessons and approaches of the earlier IAHE (Typhoon Haiyan in the Philippines).

The reference module for the Humanitarian Programme Cycle (HPC) emphasises that IAHEs focus on results. The extent to which this is possible in an evaluation of this scale will be determined to a large extent by the secondary data that is available and being collected by clusters. In addition, the terms of reference are organised around four questions which also consider questions of coordination, capacity building of local stakeholders and the extent to which the Inter-Agency Standing Committee’s (IASC) principles and guidance were applied. Given the limited scale of the evaluation in practice – it consists principally of three weeks field work – this will require careful prioritisation. This report sets out the areas of proposed focus for the IAHE. While the evaluation will assess progress against the CRP objectives, it will focus on certain aspects of the response in more depth. Their selection has been informed by consultations carried out during the inception mission.

The report is laid out in compliance with the guidelines for IAHEs, reflecting the structure developed for the Haiyan Inception report. Following in this section is an introduction to the country context and disaster. Section Two describes the response to timescale and scope of the evaluation. Section Three describes the evaluation methodology. Section Four describes the organisation of the evaluation, including the plans for work in South Sudan in April 2015.

The inception report has been compiled following consultation during a scoping mission which took place in Juba from 9-13th February 2015. A list of interviewees met during the scoping mission is attached as Annex 3.

* 1. **Background to Inter-Agency Humanitarian Evaluations (IAHEs)**

IAHEs form part of the IASC Transformative Agenda (TA) and Humanitarian Programme Cycle (HPC). *‘IAHEs are intended to promote collective accountability and system-wide strategic learning.*’[[1]](#footnote-1) *‘An IAHE is an external, independent assessment of a collective humanitarian response*.’[[2]](#footnote-2) IAHEs are focused on a critical examination of results in order to inform management decisions. The primary users of IAHEs are the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT) for whom IAHEs should provide information about progress towards objectives and also information relevant for planning and decision-making.

The coverage of IAHEs is not limited to IASC members but expected to promote accountability and lesson-learning across the entire humanitarian system defined as- *‘the network of national and international provider agencies, donors and host-government authorities that are functionally connected to each other in the humanitarian endeavour and that share common overarching goals, norms and principles. The system also includes actors that do not have humanitarian assistance as their central mission but play important humanitarian roles, such as military and private-sector entities’.[[3]](#footnote-3)*

*‘IAHEs do not focus on management and coordination arrangements, which are covered by the Operational Peer Review (OPR), or on individual sectors or specific agencies.’*[[4]](#footnote-4) As well as assessing progress towards results IAHEs have a particular responsibility to *‘strengthen the accountability of organisations involved in the response, to people affected by the emergency and to their own objectives and standards.’*[[5]](#footnote-5) In addition, IAHEs are *‘a key factor in promoting accountability to affected people, through their provision of feedback on the results of the response to affected communities.’*[[6]](#footnote-6) The Guidelines also state that- *‘IAHEs will be conducted by teams of independent evaluation experts. The gender balance of the teams will be ensured to the extent possible. As a matter of principle and where appropriate, the participation of an independent national evaluator will be sought.’*[[7]](#footnote-7)

* 1. **Purposes of the IAHE in South Sudan**

The purposes of the specific IAHE in South Sudan, which was triggered by the declaration of a Level 3 Emergency in February 2014, are as follows-

*Purpose 1 (P1) -To provide an independent assessment of the extent to which planned and relevant collective objectives set in the Crisis Response Plans[[8]](#footnote-8) have been met.*

The IAHE focuses on assessing results –assessing the spread of results against targets and considering the extent to which Outputs have contributed to Outcomes and Impact. But this is also taken to mean results in the more general sense, reflected in the provision that IAHEs focus on ‘the quality of aid delivered’ and specifically ‘the degree to which affected people have been protected.’[[9]](#footnote-9) This issue is interpreted further under Secondary Objective 1 (see below).

*Purpose 2 (P2) -To assess the extent to which response mechanisms, including the Humanitarian Program Cycle (HPC) and other key pillars of the Transformative Agenda (TA), have supported the response, and recommend improvement-orientated actions.*

Comment: This refers to processes and principles. Formal processes of UN coordination have been the focus for the OPR while, broadly speaking, the IAHE (following Guidelines as above) will focus on principles, notably the accountability principle. However, the IAHE does not exclude any aspect of performance.

The TOR also set out further purposes or Secondary Objectives as follows:-

*Secondary Objective 1 (SO1) -Assess to what extent the collective response to the emergency met objectives as established in the CRPs;*

Comment: The Office for the Coordination of Humanitarian Affairs (OCHA) is monitoring achievement of CRP targets and has put out a summary for the calendar year 2014. Along with other summaries of achievement this is presented in Annex 2 as the starting point for the evaluation. The IAHE will gather further data on progress up to the time of the visit in April and also from the Clusters and seek to validate the overall data on results through interviews.

*SO2 -Assess how effectively humanitarian needs were identified and to what extent the collective response adequately met those needs;*

The IAHE will examine the main methodologies used for needs assessments and will use interviews and other means to establish whether these methods have been effective in general and in accordance with HPC principles. The IAHE will not be able to cover a sufficient sample to establish how well needs assessments were conducted in the many different locations.

*SO3 - Capture lessons learned and good practices in order to enable collective learning from this humanitarian response; (regional coordination, supply routes, role of UN mission)*

Lessons learned and good practices will be identified across the entire scope of the response.

*SO4 - Provide actionable recommendations at both the policy and operational levels on how collective response mechanisms might be strengthened, particularly in light of changes in the humanitarian context, including the Humanitarian Program Cycle (HPC) and the three pillars of the Transformative Agenda (TA).*

The IAHE will particularly focus on how the response has taken account of an evolving humanitarian policy context, notably the HPC and TA.

* 1. **Context for the IAHE in South Sudan**

The IAHE in South Sudan is focused on the humanitarian response following the outbreak of violence from December 2013 onwards, causing displacement of people on a very large scale. The situation was declared a Level 3 emergency in February 2014 and remains in that category to date. The IAHE is a requirement of the TA in such cases along with an Operational Peer Review (OPR) which was completed in 2014.

The challenge of assessing the results of humanitarian operations is greater because South Sudan is one of the very poorest countries in the world and figures for health, education and nutrition[[10]](#footnote-10) are worse, even in ‘normal’ times, than in some disaster situations. This means that it is difficult to set targets for humanitarian action without touching on essentially long-term development issues and the effects of conflict and state fragility.

Humanitarian operations were intended not only to save lives but to promote Resilience, meaning the increased capacity of people to deal with shocks and disasters. The Consolidated Appeal in 2013, reflecting the New Deal for Engagement with Fragile States, stated that ‘Humanitarian action will address three of the New Deal goals; economic foundations, revenue and services, and justice.’[[11]](#footnote-11) These ambitious goals may have been given lower priority when the new crisis developed in December 2013 but it remains a concern that the humanitarian response should, at the least, do no harm with regard to conflict, development and state-building and should contribute to resilience.

Before becoming a new country in 2011, South Sudan had already been embroiled in a very long war and therefore has not been able to develop some of the more fundamental aspects of governance. Despite the government’s position as the major stakeholder in the response, de facto control by the SPLM/A In Opposition (known as IO) will need to be taken into account.

The conflict context has significant implications. Although the focus of the IAHE is on humanitarian aspects of the response, it will be necessary to consider peacebuilding and conflict sensitivity. Has aid acted as a magnet for population movement and has it been manipulated to serve the interests of parties in conflict? Although a new conflict analysis will not be undertaken, the IAHE will draw on existing analyses to define and examine ‘conflict sensitivity’.

Compared with natural disasters such as Typhoon Haiyan, the situation in South Sudan calls for a strong focus on Protection. In the Protection of Civilians (PoC) sites ‘opposition’ people are housed in camps around United Nations Mission in South Sudan’s (UNMISS) bases and it has proved difficult so far to arrange for their return home or to find alternatives. There are also Protection issues relating to Gender-Based Violence and violence against children as described in the UN Secretary-General’s Report on Children in Armed Conflict in South Sudan.

* 1. **The Humanitarian Response to the Crisis**

A Strategic Response Plan was developed in 2013 but when widespread violence occurred in December, this was superseded by the February 2014 Crisis Response Plan (CRP).[[12]](#footnote-12) There are four strategic objectives in this plan:

1. Provide a coordinated life-saving response to immediate humanitarian needs of conflict-affected people (internally displaced people, host communities and refugees in country).
2. Provide protection to conflict-affected communities and ensure access to services.
3. Support the resumption of livelihoods activities by affected communities as quickly as possible and build resilience by providing integrated livelihoods assistance.
4. Provide logistical support, including transport of personnel and goods, accommodation for aid workers and storage of assets in deep field locations to enable the humanitarian response.

At the end of 2014 the situation was reviewed and a new 2015 Humanitarian Response Plan (HRP) was launched. This has three strategic objectives:

* Save lives and alleviate suffering by providing multi-sector assistance to people in need;
* Protect the rights of the most vulnerable people, including their freedom of movement;
* Improve self-reliance and coping capacities of people in need by protecting, restoring and protecting their livelihoods.

These objectives and the level of achievement will be assessed in the IAHE, taking account of modifications, notably those introduced in the second Crisis Response Plan in mid 2014.

* 1. **Key Stakeholders**

Based on document review and the inception mission, the key stakeholders are

**Table: Stakeholders in the response and evaluation**

|  |  |
| --- | --- |
| **Stakeholder** | **Interest in the response and the evaluation** |
| **Communities** including women, men, youth, elderly, disabled and children. | Most impacted by the crisis, intended primary beneficiaries of the response. |
| **Government of South Sudan** | Ministry of Humanitarian Affairs and Disaster Management, Ministry of Education, Ministry of Health (Directorate of Nutrition), Directorate of Child Welfare, Ministry of Gender, Child and Social Welfare. Overall control of the response and lead roles in the Clusters. Ministry of Foreign Affairs & International Cooperation |
| **Local Government** | Lead government agencies at State and County levels |
| **Civil society organisations including NGOs** | First responders in many areas. Often involved in long-term development work with communities before and after current crisis. Interest in how the international response worked with them. |
| **HCT members** | Led by the HC to ensure that humanitarian response delivers life-saving and early recovery assistance to those in need as a result of effective and timely decision-making and planning, in accordance with humanitarian principles and the principle of “accountability to affected populations.” Responsible for agreeing on common and strategic issues, monitoring response effectiveness and coordination. |
| **Cluster leads and co-leads** | Government, UN and INGO officials responsible for coordination of identified sectors. |
| **Cluster partners** | Implementing organisations working with communities, often with local civil society and UN agencies. Interest in overall response results and effectiveness of coordination and approach. |
| **OCHA** | Responsibility to support the coordination of the response through support to the HC and HCT; to bring together humanitarian actors to ensure a coherent response to emergencies. |
| **Donors** | Providing support and resources for the response. Accountable to their public for ensuring good use of money to support an effective response. |
| **International organisations, international NGOs, national NGOs.** | Issues of relationship and accountability between these organisations. |
| **Red Cross Movement** | In the case of South Sudan, the ICRC is a key actor |
| **IASC** | Primary mechanism for inter-agency coordination. Key groups include the Principals, the Working Group and Emergency Directors Group. Interest in knowing the success of the response and the added value of the new protocols and tools. |
| **UNMISS** | The IAHE will not evaluate UNMISS but will focus on its relationship to the humanitarian response in the light of the special Guidelines for Coordination. |

**Section Two: Timescale and Scope of the IAHE**

**2.1. Timescale**

It was initially envisaged in the Terms of Reference (ToR) that the IAHE would cover the period from February to December 2014. However, the timing of the IAHE has slipped[[13]](#footnote-13) and the Inception Mission took place 9-13th February 2015. This delay has the advantage of providing a somewhat longer perspective and also of making use of documents and data based on the calendar year. It is now proposed that the IAHE should focus on the period from February 2014 after the L3 emergency was declared but make use of data for the calendar year 2014 (UN data mainly covers this period) and take account of progress in January-March 2015. It will focus on the CRPs of 2014 but also consider the 2015 HRP and examine progress against forward-looking commitments in the CRPs (for example, that ‘successful pre-positioning in late 2014 will be key to preventing famine in 2015’ -Op cit p25) and it will make forward-looking recommendations.

**2.2. Scope of the Evaluation**

The IAHE will cover all sectors/Clusters: the required focus on results will lead to greater depth in relation to Health, Nutrition, Education, NFIs/Shelter, WASH and Protection. Also the scale of resources spent will make these a priority for the evaluation’s time. The IAHE will not seek to evaluate the work of each Cluster individually[[14]](#footnote-14) but will examine critical issues affecting the overall Cluster system, the spread of resources and the overall processes and results of coordination. As stated above, the IAHE covers the entire humanitarian system and although recommendations may be particularly relevant to the HCT and HC they will also be relevant to a wider range of actors.

It will be necessary to consider the role of UNMISS, especially in relation to security and protection issues, but the IAHE will not evaluate UNMISS as a whole.[[15]](#footnote-15) The evaluation will consider the issue of coordination and communication between the mission and humanitarians, as well as lessons learned in working together for the protection of civilians in South Sudan, notably but not exclusively within the ‘PoC sites’[[16]](#footnote-16). As UNMISS plays a role in humanitarian assistance to Internally Displaced Persons (IDPs), that role will be included within the scope of the evaluation.

Although many people have been displaced to other countries, the humanitarian response to their needs lies outside the scope of the IAHE. Refugees who have come into South Sudan may be included in the IAHE although not as a main focus.

Although the IAHE will consider the role of pooled funds (notably the Common Humanitarian Fund (CHF) and Central Emergency Relief Fund (CERF)) it will not evaluate those Funds in entirety (this requires a separate process: an evaluation of the CHF took place in 2014) but focus on their relationship to the overall humanitarian response.

The IAHE will focus on issues relating to communication with communities, and NGOs as their representatives, using the Accountability to Affected Populations’ (AAP) principles. OCHA has noted[[17]](#footnote-17) that in South Sudan the participation of National NGOs (NNGO) in the CHF is already increasing and may be further encouraged by less formal means. This is an important aspect of Evaluation Question 2 and the IAHE will consider this issue carefully in the evaluation process.

In relation to Coverage the IAHE will assess the way in which ‘hard-to-reach’ areas have been covered and also whether the Area Rapid Response Model has helped to increase Coverage and Timeliness. During the Inception visit some stakeholders claimed that a small proportion of the affected people (those in PoC areas and some settlements) have received a disproportionately higher level of attention. This issue should also be examined in relation to Coverage.

**2.3. The Operational Peer Review (OPR)**

The TA sets out a new approach and set of procedures for the UN in major emergencies, including leadership, coordination, and an understanding of humanitarian emergencies as a cycle (HPC). The IAHE and OPR processes are the two main elements of the accountability functions of the HPC. The OPR focuses on processes, especially management issues and coordination. It is aimed towards the HCT. The IAHE is a wider process focused on results and accountability to a wide range of stakeholders including donors, the affected population and implementing partners (Para 9 of the TOR refers to this).

The IAHE will be informed by the OPR process but may come to different conclusions. In summary the findings of the Operational Peer Review (OPR) conducted in June 2014 are:

1. **Response Operations.** The response has confronted exceptional problems with regard to logistics, security and the mobility of people in need. OPR proposals include better information about population movement and establishment of ‘coordination hubs or catchment areas’ in order to better respond to the issue of mobility.
2. **Protection.** The OPR notes that Protection has not been fully addressed. There is widespread Gender-Based Violence (GBV). The OPR calls for further funding and better systems for monitoring and response to this issue.
3. **Leadership.**There has been strong leadership by the HC and this should be further strengthened by creating a full time Deputy. Inter-cluster coordination and functioning of the HCT could be further strengthened.
4. **Coordination.** The OPR notes that Cluster coordination varied widely and would benefit from better information management. Sub-national coordination is described as weak and there are complaints of too much focus in Juba. Although relationships between the UN and international NGOs are said to be good, relations between international and national NGOs could be improved. An issue of government restrictions on delivery to opposition areas is raised in the OPR.
5. **Accountability to affected people.** The HCT has recognised that not enough is being done and there is a need for a more formal framework and engagement of NGOs.
6. **Humanitarian Programme Cycle (HPC).** The HCT opted for an approach based on Appeals (CRPs) rather than the HPC’s vision of planning based on a cycle. The CRPs were useful for fundraising but not for management. Assessments (Food Security and Rapid Needs) should be better coordinated and there was a need for better tracking of progress against the indicators in the CRPs and for more standardization of information across the Clusters. Funding remains insufficient and uneven across the Clusters. Both the CHF and the CERF have played a useful role.
7. **Conclusions.** The OPR concludes that the response needs to be scaled up and efforts to reach a political solution need to be redoubled.

**Section Three: Evaluation Methodology**

## 3.1 Methodological approach

The evaluation is both an assessment of the progress of the response to date and also aims to contribute learning to the humanitarian community within and outside of South Sudan. It aims to provide an overview of the response and to focus on key aspects to enable more in-depth learning. The proposed focus for the evaluation takes into account the accountability purpose of the evaluation, the potential for learning from innovation and characteristics of this middle income context. The methodology seeks to involve key stakeholders from the affected communities, government departments at different levels, civil society and international actors involved in the response. Findings will be triangulated to ensure their validity as detailed below in the section on quality assurance.

The evaluation faces a number of challenges including-

* **Focus -** The evaluation aims not to duplicate other processes but the ToRs require it to cover the entire response. The main part of the evaluation is the field work by the five-person team over three weeks in April 2015.[[18]](#footnote-18) This sets the limits to what can be achieved and raises a choice between breadth and depth of issues to consider. The four Evaluation Questions from the ToR cover a broad range of potential issues as well as addressing different aspects of the response i.e. results, coordination, capacity building and application of IASC guidance. A full set of sub-questions is set out in the Evaluation Matrix. The challenge is how to prioritise while still providing comprehensive cover.
* **Timing** - The evaluation takes place just over a year after the disaster was categorised as a Level 3 and the crisis is ongoing. This is not an ex-post evaluation but a review of progress at a certain time. This gives added importance to learning and forward-looking recommendations as well as accountability for the past.
* **Conflict Sensitivity –** The fact that this is largely a conflict-related disaster needs to be built into the method. The team will consider conflict sensitivity across the full range of questions (as a cross-cutting issue). The evaluation will assess whether actions within the response ‘do no harm’ and to what extent they contribute to peace, at least locally.
* **Gender** - Gender (and how it was approached in the crisis response) is also a cross-cutting issue for the evaluation (see below and evaluation matrix). This is not only a reflection of UN and IASC commitments but also reflects the importance of ensuring that humanitarian responses take account of the differentiated roles of women and men in the context of South Sudan and the importance of taking into account disaggregated views when planning responses. The issue is particularly acute in South Sudan because of the strong divisions between male and female roles. The evaluation should take note of the visit of Zainab Hawa Bangura, Special Representative of the Secretary General on Sexual Violence in Conflict in October 2014.

**3.2. Evaluation Criteria**

As required in Section IV of the TOR, the IAHE will present conclusions in terms of internationally accepted criteria. The TOR allow for flexibility in the selection of these criteria. Drawing on the full list of criteria used by OECD/DAC (including development, humanitarian and conflict-related criteria) the Team proposes to use Relevance (including Coherence), Impact, Efficiency/Effectiveness (including Coverage, Coordination and Connectedness) and Sustainability.

In relation to the key issue of assessing results (Evaluation Question 1) the IAHE will use **Relevance** as a measure of the overall focus of the response in relation to the national context as described above. Because the context is characterised by conflict, the **Coherence** between different types of actors (diplomatic, military, development aid and humanitarian) will be an important aspect of Relevance.

The IAHE will use **Impact** as a measure of the extent to which results at the Output level have been transposed into Outcomes and other higher-level achievements as set out in the Impact Pathway (attached to the TOR).

Efficiency in the form of cost-effectiveness is not given prominence in the TOR. It will be difficult to apply this criterion in the South Sudan context where airfreight and security impose huge extra costs, but this may still be an important way of looking at the Rapid Response Model and Mechanism. The main focus will be on **Effectiveness** (did the means achieve a result?) and focus on whether the application of principles (TA, HPC, etc.) contributed to Effectiveness. **Coordination and Connectedness** will be taken as subsidiaries of Effectiveness, focusing the IAHE around the question whether coordination and management arrangements achieved results. The issue of **Coverage** is related to Effectiveness but in the South Sudan context deserves special attention. By treating Effectiveness as the key criterion, the IAHE will give emphasis to results.

**Sustainability** is the criterion by which efforts at AAP can be judged in the sense that participative processes contribute to capacity building and greater involvement, with greater likelihood of continuation in the future. The IASC Commitments to AAP (Operational Framework p11) provide a set of principles against which the response can be measured. As the Operational Framework makes clear, AAP is not a discreet function but applies to the whole HPC from needs assessment to monitoring and evaluation. Disaggregation of AAP data is necessary because the views of women and children may be different from those of men.

**3.3.** **Data collection methods**

The evaluation will use a combination of the following methods to collect data:

* Document review
* Online surveys
* Systematic community consultations (qualitative methods)
* Stakeholder Interviews
* Facilitated and structured focus group discussions
* Feedback workshops

The team is gathering reports on the performance of the Clusters under the monitoring process endorsed by the IASC Working Group in 2012. This will be followed up by an online survey and interviews with representatives from each Cluster.

The evaluation team will carry out six community consultations (two urban, two rural and two in PoCs). In each community the team will run facilitated and focused group discussions to gather feedback on the relevance, timeliness, and effectiveness of assistance. They will seek also to gather recommendations on how assistance can be better provided in the future. Space will be created to enable women, men, disabled people, youth/children and older people to provide their input, and separately if appropriate. In the case of children, the team will collaborate with specialists such as Plan International in order to understand their perspectives and special needs.

The team is proposing to link up with agencies that may host and support the Community Consultations. This includes INGOs, NNGOs and UN agencies. In particular the team is proposing to work with Internews which is a non-profit organization that has established radio facilities reaching around four million people. Through its regular media work with communities, Internews is able to reach at least 700,000 people across six states and covering a range of different situations where humanitarian aid is necessary. Internews can be particularly useful in relation to dissemination strategies –see Section 4 below.

Within the wider scope of the Evaluation Matrix, stakeholder and group discussions at sub-national level will consider:

* Relevance, timeliness, effectiveness of the HCT-coordinated response.
* How well the HCT-coordinated response worked with government response systems and civil society.
* Evidence that the HCT-coordinated response strengthened (or weakened) the government response systems and civil society capacity or programmes.
* Appropriateness and effectiveness of coordination systems with government and civil society to ensure information sharing, that the targeting of HCT-coordinated assistance avoided duplication and addressed gaps, and quality (consistent standards) of assistance.
* Recommendations for how coordination and assistance can be improved in the future.

In Juba the team will hold interviews and group discussions with key stakeholders as described above. The key areas to be discussed with each group and key informants are outlined below.

|  |  |
| --- | --- |
| **Stakeholder** | **Areas to cover** |
| **Selected cluster co-leads** | * Progress towards results * Roles of lead and co-lead * Beneficiary selection criteria * Monitoring processes and programme adaptation * Implementation challenges and how they were managed * Management of transition * Quality standards * How the approach engaged with local stakeholders and strengthened national systems for disaster response * Coordination within and across clusters * Dealing with key cross-cutting issues e.g. land, relocation, cash, gender, accountability * Utility and added value of HPC tools * Decision-making in the response |
| **Government key informants:** | * Roles of lead and co-lead * Levels of preparedness before the L3 declaration * Coverage and results * Management of transition * Experience of coordination mechanisms * How HCT-coordinated response engaged with the government * Impact of response on strength of government disaster response mechanisms * "Fit" between HCT-coordination and government responses e.g. plans, coordination systems * Impact of HCT advocacy |
| **Selected cluster partners** | * Progress towards results * Evolution of programme from relief to recovery * Management of transition * Beneficiary selection criteria * Monitoring and programme adaptation * Challenges and how they were managed * How the approach engaged with local stakeholders and strengthened national systems for disaster response. * Quality standards * Dealing with key issues e.g. Opposition areas * Coordination within and across clusters * Utility and added value of HPC tools |
| **Selected Civil society organisations – national** | * Relevance, timeliness and effectiveness of HCT-coordinated response at different stages * Engagement with civil society - roles, communication, results for civil society including impact on local capacities to respond to future disasters. * Coordination |
| **Selected HCT members** | * Key challenges and achievements of the response * Use of HPC tools * Decision-making -timeliness, challenges, successes, location of authority. * Effectiveness of in-country leadership structures * Engagement with the government * Other questions emerging from survey responses and field visits |
| **Selected donors** | * Key challenges and achievements of response * Reasons determining level of contributions * Decision-making -timeliness, challenges, successes, location * Response engagement with the government * Effectiveness of in-country leadership structures |

* 1. **Data analysis and validation**

Data collected will be collated and analysed using the evaluation matrix and evaluation criteria. Initial findings will be presented at a feedback workshop in Juba before 30th April when the team leaves. Emerging findings and recommendations will be shared and discussed at these events.

In May the team will analyse the data and produce a draft report in line with the IAHE guidelines by the end of May. If necessary, the team will be in contact with the field to check facts and any out-standing issues that emerged relevant to the evaluation questions. It is planned to revise the report by the end of June if feedback is received within two weeks. See Timeline below.

## Limitations of the methodology

The proposed methodology has some limitations. Because the consultants are directly contracted by the UN (for security reasons) budgets have to come through OCHA and the procedures render it difficult to make informal arrangements for support. Coverage at Juba level will be reasonably comprehensive but at other levels limited resources and access constraints could lead to some patchiness in the results (planned visits could be suddenly stopped). These factors also limit the use of quantitative methods (or interpretation of data using quantitative means such as ’scoring’ results)**.** Other limitations are:

*Online surveys* often have low response rates - a combination of survey or review "fatigue" among participants in the field and difficulties of tracking personnel formerly involved in the response but now outside the country may limit the quantity of responses and thus quality of the data the online survey provides. However, it will at the very least provide an opportunity for a much wider range of people to provide input to the evaluation than otherwise would be the case. The IAHE team will work with OCHA, IAHE Advisory Group and request the evaluation advisory group to promote active participation in the surveys.

The primary focus of the IAHE is on results: were the targets presented in the CRP met? Where possible, analysis will be extended to outcomes and impacts but it may be too soon to draw definitive conclusions. To mitigate this risk when appraising outputs, the following process will be followed:

* Determine the extent of results’ achievement (or non-achievement) from the data in progress reports (e.g. cluster reports).
* Where significant under-achievement is reported, or where there is a lack of information about achievements, identify informants who can provide clarification and consult them while in South Sudan.
* Select a sample of achieved targets for field visits, in order to cross-check data and assess quality and relevance.

Outcomes and impacts will be assessed to the extent possible. This will mainly be done at the field level and will depend upon the type of project. A food distribution, for example, is unlikely to have a significant long-term impact. But, also for example, a health project might be reviewed in the light of its short-term (life-saving) and long-term (support to health systems) impacts. Local people and officials will be consulted about the relevance and impact of the projects both now and in the future.

## Quality Assurance

Quality assurance mechanisms for the evaluation include:

a) Triangulation of data and findings through the use of a range of methods as detailed above.

b) The engagement of the Director of Valid, Alistair Hallam, in order to perform QA checks at all stages of the process, and to be in close touch with the team during the drafting of this report and in planning the evaluation mission in April.

c) An ethical approach by which the evaluation will be guided and which will adhere to principles of:

* a commitment to producing an evaluation of developmental and practical value
* a commitment to avoid harm to participants
* a respect for cultural norms
* a commitment to an inclusive approach ensuring access and participation of women and socially excluded groups
* a commitment to ensure participation in the evaluation is voluntary and free from external pressure
* a commitment to confidentiality and anonymity of participants[[19]](#footnote-19).

d) An in-country evaluation advisory group as well as an inter-agency Evaluation Management Group (EMG) which, in line with the IAHE guidelines will provide valuable input to support the production of a high quality evaluation. The EMG’s roles include to ensure the independence of the evaluation process and result, and to provide quality control and inputs throughout the entire evaluation to ensure that it meets agreed criteria and standards.

* 1. **Evaluation Framework**

The IAHE draws on input from selected stakeholders using tools and methods, ensuring that the cross-cutting issues are considered in all cases. This input is focused around the four Evaluation Questions and leads to wider judgments expressed in terms of the international Criteria. Altogether this process will meet the purposes set in the TOR and IAHE Guidelines. The process can be represented as follows:

**Diagram: Evaluation Framework**

**Evaluation Purposes**

(Assessment,Lessons Learned, Policy Recommendations)

**Criteria**

Relevance/Coherence/Impact/Effectiveness

Efficiency/ Coordination/Connectedness/Coverage

Sustainability

**Evaluation Questions**

**Cross-cutting Issues** Gender sensitivity Conflict sensitivity

**Main Tools Key Stakeholders**

Data analysis Communities, Donors HCT

Focus Groups discussions Government

Interviews Implementers

Conflict analysis Independents

* 1. **Evaluation Matrix**

The purposes of the Evaluation Matrix are:

* To ensure that the requirements of the TOR, as interpreted above, can be met, particularly by relating the EQs to the Purposes (P), Secondary Purposes (SP) and Evaluation Criteria (C);
* To demonstrate triangulation of data –using document review (DR), stakeholder interviews (SI),[[20]](#footnote-20) focus group discussions (FG) and field visits (FV)[[21]](#footnote-21).
* To provide the basis for a list of questions that the IAHE team will seek to answer in the final report.

The Evaluation Matrix is attached as Annex 5. The shaded rows show the EQs and issues for the final IAHE report while the other rows outline the criteria, questions and sources that the evaluators will need to examine in order to construct the report.

The Evaluation Matrix will be the main tool used by the Evaluation Team to ensure that the questions posed in the ToR are covered in a complete and consistent manner. The main features of the Evaluation Matrix are summarised in the box below:

|  |
| --- |
| ***Evaluation Question 1: Were the results articulated in the Crisis Response Plans achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster?***  The team will consider the extent to which targets under the CRP have been met over the period from the announcement of the L3 to the present. They will consider the relevance of interventions, their cost-effectiveness and possible alternative approaches. Planning, including needs’ assessment and the involvement of affected people will be examined, as will the connection between planning and implementation. The quality of the interventions (judged against accepted standards) and their timeliness will be appraised, primarily through fieldwork in affected areas. Short- and long-term impact will be analysed (recognising that it may be too soon to fully understand impacts).  ***Evaluation Question 2. How well did the international response engage with and strengthen national and local systems, structures and actors for disaster response?***  The Team will look into the different local actors that have been involved with the response. The main groups will be government, civil society organisations and Affected People. These groups will be consulted at national, state and local levels and connections between these levels will be sought. The question has two components and will be addressed accordingly: the level of involvement of national groups, and the extent to which these groups’ capacity has been supported. Of particular interest will be the issue of decision-making: who have been the primary decision-makers (Government, UN, other, combination)?  ***Evaluation Question 3. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?***  Coordination is a huge issue in such a vast area of operation. Difficulties are exacerbated by the inaccessibility of some areas, and the different controlling authorities. The Evaluation will consider how coordination has been done and by whom. The mechanisms of coordination will be examined, including the difference between formal and informal approaches. Cluster management and inter-cluster coordination will be considered. Coverage (including gaps and duplication) will be a prime factor in this analysis. The team will look at coordination between different aspects of the response; for example between normal operations and the Rapid Response Mechanism. The nature of coordination – whether it is a temporary phenomenon or is embedded in the government system – will be appraised.  ***Evaluation Question 4. To what extent were IASC core humanitarian programming principals and guidance applied?***  The team will appraise the extent to which the principles of the TA have been put into practise and their effectiveness when applied. The activation of the L3 status will be a key consideration: was it done at the right time, and what effect did it have on resourcing and implementation? How long should it persist? What are the positive and negative impacts of the L3? In a similar vein, the team will consider the application and effectiveness of the HPC. Was the HPC followed and, if so, how effective were its various components? |

Analysis will be based on the principle of triangulation: information sources will be as varied as possible. Convergence of evidence from three or more sources will validate evidence (or, where evidence does not converge, will refute evidence). Triangulation will be undertaken within and between locations and sectors.

Data will be disaggregated as appropriate, primarily along the lines of gender and age (other factors, such as social marginalisation, will be taken into account where relevant).

While ensuring that the Evaluation Key Questions are covered (through the Evaluation Matrix), the Team Members will also be alert to unexpected information. The semi-structured nature of the key informant and focus group discussions will enhance this. Where significant unexpected information comes to light, this will be probed, and shared with other Team Members.

The Team will compile case studies to back up information collected from document review and interviews. For example, the delivery of certain items through the logistics’ chain will illustrate processes; and stories about individuals and families will be used to support conclusions about protection.

**Section Four: Plan for the Evaluation Mission**

* 1. **Team Roles**

Five consultants are expected to take part in the Evaluation Mission. Provisional roles and specialisms are as follows:

Table: Team Roles

|  |  |  |
| --- | --- | --- |
| **Name** | **Lead Role[[22]](#footnote-22)** | **Availability in S Sudan** |
| Tony Vaux | Team Leader, Conflict and Conflict Sensitivity, GoSS, Leadership, OCHA, Education, Donors and funding, presentation and reporting | 12 - 30 April |
| Nigel Clarke | Health, Nutrition, Logistics, Mine Action, Rapid Response Model | 12 - 30 April |
| Jeremy Loveless | Food Security, WASH, NFIs/Shelter, CCCM/Protection | 12 - 30 April |
| Sarah Routley | AAP, Gender | 12 - 26 April |
| Boniface Ojok | National NGOs | 12 - 30 April |

**4.2. Field Visit Plan**

The humanitarian response in South Sudan involves well over 100 agencies, covers an area the size of France and is politically complex. The plan is to visit a representative range of locations in the short time available (less than 3 weeks). The focus of the humanitarian response has been on Unity, Upper Nile and Jonglei States. These will be a focus of the IAHE but the team will also visit one other conflict area and a non-conflict area. This plan is intended to yield triangulated data across the whole spectrum of evaluation questions and sub-questions (see Evaluation Matrix). The proposed schedule of visits is attached as Annex 6.

The following were the main considerations in making the plan:

* Locations where there is significant activity and where several agencies are working together under Response plans;
* A concentration on conflict-affected areas with significant displaced populations, but not ignoring other states with other needs;
* A balance between GoSS-controlled and Opposition-controlled areas;
* Opportunities to examine the coordination mechanisms based in State capitals vis-a-vis the reach of such mechanisms in more isolated locations in the same States and visiting at least one deep-field 'humanitarian hub';
* Comparing protection and other services in PoC sites with more traditional IDP settings;
* Ensuring that work under most (if not all) clusters/sectors can be examined in field settings;[[23]](#footnote-23)
* Field locations ideally where international and national NGOs are present and where there are NGOs willing and able to support the IAHE team (in the absence of OCHA staff);

There was a balance to be struck in terms of spreading the team members (and covering enough locations) and bringing members together in smaller teams to help triangulate from different sources of information in the same place. The team is proposing a mixed approach in which team members will combine in pairs for part of the field work and work singly elsewhere.

The team is conscious that visiting major humanitarian centres (even in remote locations) may not be entirely representative of the situation being experienced by all affected persons - or even all response agencies. There may be locations where there are significant needs but no response agencies working, for instance. Ideally, also, the Team should join a Rapid Response Mission to see how that mechanism works in practice. However, from a logistical perspective, the planning had to balance the intention to visit 'hard to reach' areas with a more realistic and pragmatic approach involving well-served centres.

Similarly, it is recognised that South Sudan is very volatile and that security dynamics and/or logistical constraints could necessitate changes in plans. For that reason, a number of alternative locations are suggested in the matrix that follows and in the hope that plans can be adjusted, even at short notice. This issue is examined further under Risks and Assumptions.

* 1. **Support to the IAHE**

In general terms the support needs of the IAHE for each location are as follows:

* a hosting agency capable of providing security advice and assistance in emergencies
* safe and secure accommodation and meals or cooking facilities (can be paid for)
* access to the internet and power for recharging phones and laptops
* access to local transport where available (could be vehicle or bicycle)
* local guides and interpreters capable of facilitating community entry (ideally male and female)
* support with meeting other agencies and local authorities
* Specific support to set up focus group discussions with different groups among affected people (these could be several and stretch over 2-3 days in total)

Although the primary arrangements will be made with and through OCHA, the team will need support in the field from local partners and organisations. Following the inception visit, Oxfam, Plan, Non-violent Peaceforce, Internews, and others have been identified as possible sources of support, notably by helping with organising community consultations, interpreting and logistics. Among these organisations, Internews seems likely to play a particularly important role. The IAHE relates quite closely to the mandate of Internews which is an NGO specialising in Communicating with Communities (CwC).[[24]](#footnote-24) Accordingly, locations where Internews has a presence have been favoured within the planning, although not to the exclusion of other places. In addition, Internews also has an interest in disseminating reports such as the IAHE and seeking feedback from communities (see below).Internews can also provide systematic feedback on the overall response in the following ways:

**Text Box: Internews**

Internews has conducted a number of studies for other organisations and has an ongoing programme of information and liaison relating to humanitarian operations funded by USAID.

Internews has adapted its work to meet the needs of the current crisis through its mobile *‘*Bodaboda Talktalk’ broadcasts in Juba and Malakal and through its community radio stations in Malakal, Ler, Malwal Kon and Turalei. Each of these formats allows local journalists to produce radio programmes in vernacular languages which are a conduit for open communication between affected communities, aid agencies, UNMISS and government etc.

Eye Radio, a community radio station in Juba which is supported by Internews can also be a channel of communication about the IAHE. For example, a phone-in session with one of the Team members may be possible.

1. A desk review of archive Internews broadcast transcripts relating to the Humanitarian response would be carried out in order to derive common themes and issues
2. Panel discussions, co-moderated where possible by IAHE team members in April, would be recorded and broadcast. Internews also has Women’s Listening Groups and their reactions to the broadcast panel discussions can also be captured with the help of Internews Monitoring and Evaluation Officers.
3. Trained community journalists, who have considerable experience of bringing affected populations and humanitarian agencies into dialogue, can be interviewed as key informants.

## Risks and Assumptions

In addition to the challenges already outlined, the evaluation faces a number of risks:

a) *Ability to travel: F*ive persons in-country for three weeks (only two weeks for one team member) should be sufficient to cover a wide range of issues as detailed in the methodology. However, travel in South Sudan is difficult and unreliable. Time can easily be lost because of inconvenient flight schedules, inability to get seats or cancellation of arrangements for security or other reasons. The team is making contingency plans to include alternatives in case the preferred travel schedule is not possible or is disrupted.

b) *Deterioration in security:*  No peace agreement has been made and there is a chance of an offensive in the coming weeks. This could severely undermine the IAHE process, especially if staff needs to be evacuated. There is no real way to mitigate this extreme risk.

c) *Availability of interviewees*. The evaluation is taking place within a tight schedule which is also at a time that is very busy for the response. The IAHE team requests the continued cooperation and speedy responses of key interlocutors in making documentation available and facilitating meetings and introductions. The team is grateful for the positive support provided by the agencies to date. The best way to manage this risk will be through planning ahead.

More specific risks are identified as follows with risk management strategies in brackets.

* Local outbreaks of conflict cause disruption of travel plans; (alternatives included in the travel plan)
* The ability to move between state capitals and deep-field locations on UNHAS flights, providing sufficient notice has been given to arrange flight plans and manifests accordingly; (need to plan ahead)
* UN agencies or NGOs will be willing to host team members in each location, providing basic accommodation, local interpreters, etc. (close liaison with OCHA)
* UNDSS security clearance to travel (plan ahead and have alternatives and flexibility)
* Some essential personal equipment (e.g. camping equipment, Satellite phone etc.) can be made available from OCHA on a loan basis (early planning)
* Unavailability of transport, especially air transport, within the UN priority system; (plan ahead and have alternatives and flexibility)
* Logistic problems caused by unseasonal weather; (alternatives)
* Effects of any development that might seriously limit government cooperation; (close link with UNDSS and security briefings)
* Critical events that divert the attention of key stakeholders and make it difficult to carry out the IAHE as planned; (alternatives)
* Reliance on partners which can provide support and access to affected populations may influence the scope of research. (develop close links and create a wider interest in the IAHE)

## Communication and Dissemination

The IAHE team is committed to a process that supports the dissemination and communication around the evaluation findings to include all key stakeholders at the country level including communities, as well as at the international level with a focus on IASC members and mechanisms. The dissemination process will be seen as an opportunity to discuss findings and their implications for future responses, systems and processes in South Sudan and similar contexts. The involvement of Internews in the community surveys provides a very promising opening. Through its radio stations and commitment to informing people about humanitarian issues, Internews has the mandate to play an important role in the dissemination of IAHE results. Plans will be developed before and during the Evaluation Mission.

1. **In-country -** The evaluation team will present preliminary findings and emerging conclusions and recommendations at a de-brief and validation workshop, involving the evaluation advisory group and key stakeholders. This is currently scheduled for the 29th of April.
2. **Communities** - An important element emphasised in the ToR and in line with the commitment of accountability to communities is that the evaluation team will communicate results back to the communities. We will liaise with Internews and the OCHA communications team to organise this. This will be an opportunity to highlight the significance of the community input to the evaluation.
   1. **Evaluation Timeline**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Evaluation Milestones |  | | | | | |
|  | |  | | | | |
| Preparation | | **August – December 2014** | | | | |
| Constituting the Management Group | | August 2014 | | | | |
| Development of Terms of Reference | | | | | August 2014 |
| Recruitment of the Evaluation Team (selection, procurement, contracting) Aug 2014 – Jan. 2015 | | | | | | |
|  | | |  | | | |
| Inception | | | **January 2015- 2014** | | | |
| Inception Field Mission Early February 2015 | | | | | | |
| Production of draft Inception Report March 2015 | | | | | | |
| Finalized Inception Report | | | | Early April 2015 | | |
|  |  | | | | | |
| Data collection and analysis, fieldwork | **March/April 2015** | | | | | |
| Field mission with full team | | 12-30 April 2015 | | | | |
| Data analysis | May 2015 | | | | | |
| Reporting | **May 2015** | | | | | |
| Production of draft report End May 2015 | | | | | | |
| Revised version of the report | | End June 2015 | | | | |
|  | | | | | | |
| Approval | **June / July 2015** | | | | | |
| Final approval of the report by IAHE SG July 2015 | | | | | | |
| Submission of the report by ERC to IASC EDG & Principals July 2015 | | | | | | |
|  | | | | | | |
| Communications/Dissemination | **August / September 2015** | | | | | |
|  | | |  | | | |

**Annex 1: TOR**

**Inter-Agency Humanitarian Evaluation (IAHE) of Response to conflict in South Sudan**

*terms of reference*

# Introduction

1. Violence broke out in Juba, the capital of South Sudan, on 15 December 2013 and quickly spread to several other federal states. Within weeks, thousands of people had been killed or wounded in the violence, and hundreds of thousands displaced from their homes. Despite the signing of a cessation of hostilities agreement on 23 January 2014, fighting between Government and opposition forces has continued, especially in Jonglei, Unity and Upper Nile states, where towns and rural areas have been ravaged by the violence.
2. In 2013, no single country in the world received more humanitarian funding than South Sudan, and the Humanitarian Country Team and partners launched a comprehensive Strategic Response Plan 2014-2016 (SRP) to address ongoing humanitarian needs and improve community resilience. Given the dramatic change in context in December 2013, a Crisis Response Plan was agreed to replace the 2014-2016 SRP as the overarching framework for humanitarian action in South Sudan up to June 2014. This focused on the immediate need to save lives, alleviate suffering and protect livelihoods to prevent a further deterioration in food security. In June 2014 a new Crisis Response Plan will be launched.
3. The crisis has led to a serious deterioration in the food security situation, and some 3.7 million people are now at high risk of food insecurity in the coming year. As of May 22, about 1.36 million people are displaced by violence, with just over 1 million displaced internally and approximately 359,000 people have fled to neighbouring countries since December 15 2013, and joined 111,000 existing South Sudanese refugees. According to UNHCR, the following numbers of South Sudanese refugees are now in neighbouring countries: Ethiopia 132,000, Kenya, 37,000, Uganda 112,000 and Sudan 85,000. Additionally South Sudan hosts 238,000 refugees from Sudan 216,000, Ethiopia 5,000, Democratic Republic of Congo 14,000 and Central African Republic 2,000. Of those that are internally displaced, about 76,165 civilians seeking safety in nine Protection of Civilians (PoC) sites located on UNMISS bases.
4. The conflict has also had a severe effect on the ability of humanitarian partners to access affected people due to safety and security constraints. Humanitarian activities are hampered by the extremely challenging physical environment and growing violence against aid workers. Few places are more physically challenging for aid workers than South Sudan. Up to 60% of the country is cut off during the rainy season, meaning that road access in key locations of humanitarian response is minimal or impossible from July until December (and in some cases longer). The locations to be visited during the evaluation mission will be confirmed during the planning mission.
5. The planning figures included in the updated Crisis Response Plan just published in May project a continued increase in humanitarian needs. The Plan expects that up to 1.5 million people become internally displaced, 863,000 people seek refuge in neighbouring countries and some 270,000 Sudanese refugees remain in South Sudan.
6. An L3 Emergency was declared for South Sudan on 11 February 2014 by the IASC Principals. In line with IASC agreements, the declaration of the L3 emergency has triggered an Operational Peer Review (OPR) and an Inter-Agency Humanitarian Evaluation (IAHE) to support the humanitarian response. The OPR will be conducted in June and will be made available to the IAHE.

## Inter-Agency Humanitarian Evaluations

1. In December 2012, the IASC Principals endorsed the Transformative Agenda (TA) Protocols, composed of five reference documents[[25]](#footnote-25) that include a set of actions to address acknowledged challenges in leadership, coordination and enhance accountability for the achievement of collective results. These actions are:

* Establishing a mechanism to deploy strong experienced senior humanitarian leadership from the outset of a major crisis;
* The strengthening of leadership capacities and rapid deployment of humanitarian leaders;
* Improved strategic planning at the country level that clarifies the collective results the humanitarian community sets out to achieve and identifies how clusters and organizations will contribute to them;
* Enhanced accountability of the Humanitarian Coordinator and members of the Humanitarian Country Team for the achievement of collective results and of the humanitarian community towards the affected people; and
* Streamlined coordination mechanisms adapted to operational requirements and contexts to better facilitate delivery.

1. The fifth TA Protocol relates to the Humanitarian Programme Cycle (HPC), which is defined as a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian response. The HPC consists of five elements: needs assessment and analysis; strategic response planning; resource mobilization; implementation and monitoring; and operational review and evaluation. OPRs and IAHEs are tools to assess and reflect on the extent to which the collective response has met its objectives and to provide information on areas of work that need to be improved in the future to make the response more effective.
2. OPRs and IAHEs complement each other and are substantively different. OPRs are management reviews and their main purpose is learning for course correction at an early stage of the humanitarian response. They are not an accountability tool. IAHEs, on the other hand, are conducted at a later stage of the humanitarian response and their main purpose is to promote accountability to donors and affected population. The promotion of accountability includes the consistent application of quality standards, adherence to core humanitarian principles[[26]](#footnote-26), and fostering strategic learning for the humanitarian system. IAHEs are conducted in adherence to the international evaluation principles of independence, credibility and utility.
3. The present evaluation will be the second IAHE to be conducted since their creation, and the first one in a conflict setting [[27]](#footnote-27). As such, it is an important exercise that is expected to provide feedback on the usefulness of the IAHE guidelines, as well as reflect on the utility and feasibility of IAHEs overall, in addition to the specific objectives related to the response in South Sudan.

## Purpose, Objectives, Scope and Use of the South Sudan IAHE

1. The purpose of this IAHE is two-fold. First, it will provide an independent assessment of the extent to which planned, and relevant collective objectives set in the Crisis Response Plans of February and June 2014 to respond to the needs of affected people are relevant and have been met. To the extent possible, it will also assess whether 2015 objectives are relevant. Secondly, the evaluation aims to assess the extent to which response mechanisms, including the HPC and other key pillars of the TA have successfully supported the response, and recommend improvement-oriented actions.
2. In addition, the IAHE will also aim to:

* Assess to what extent the collective response to the emergency met objectives as established in the Crisis Response Plans;
* Assess how effectively humanitarian needs were identified and to what extent the collective response adequately met those needs;
* Capture lessons learned and good practices in order to enable collective learning from this humanitarian response; (regional coordination, supply routes, role of UN mission)
* Provide actionable recommendations at both the policy and operational levels on how collective response mechanisms might be strengthened, particularly in light of changes in the humanitarian context, including the Humanitarian Program Cycle and the three pillars of the Transformative Agenda.

1. The evaluation will also constitute an opportunity to test the IAHE guidelines, and provide feedback on the appropriateness of the guidelines, their application, and the IAHE process, and suggest possible ways to improve them.
2. The evaluation will present findings that provide a transparent assessment of progress achieved against the objectives established in the Crisis Response Plans. As noted earlier, the South Sudan SRP 2014-2016 was launched in November 2013, and then was replaced with a Crisis Response Plan (Jan-June) developed in December 2013 and revised in February 2014. In June 2014 partners agreed on the Mid-Year Review of the South Sudan CRP (July to December 2014). The current 2015 HRP was launched in January 2015.
3. Four strategic objectives were agreed in the 2014 Crisis Response Plans:

* Provide a coordinated life-saving response to immediate humanitarian needs of conflict-affected people (internally displaced people, host communities and refugees in country).
* Provide protection to conflict-affected communities and ensure access to services,
* Support the resumption of livelihoods activities by affected communities as quickly as possible and building resilience by providing integrated livelihoods assistance.
* Provide logistical support, including transport of personnel and goods, accommodation for aid workers and storage of assets in deep field locations to enable the humanitarian response.

1. The 2015 Humanitarian Response Plan has three strategic objectives:

* Save lives and alleviate suffering by providing multi-sector assistance to people in need;
* Protect the rights of the most vulnerable people, including their freedom of movement;
* Improve self-reliance and coping capacities of people in need by protecting, restoring and protecting their livelihoods.

1. Evidence and findings of the IAHE will also include the views of disaster-affected people with regard to the overall quality and appropriateness of the assistance received.
2. The evaluation will be global in scope, in that it will cover all sectors of the emergency response to conflict in South Sudan. In terms of time, the evaluation will consider the collective response provided from the time of the L3 Declaration on February 11 2014 until the time in which the field visits are conducted in April 2015. Humanitarian assistance in South Sudan is presently confronted by a range of major policy questions, including how best to provide protection to civilians from ongoing violence and human rights violations. In line with the focus the HCT has placed on protection as an objective in the Crisis Response Plan, the IAHE will seek to address this question.
3. The primary users of the IAHE will be the Humanitarian Coordinator and Humanitarian Country Team, which will use the results to ensure accountability and to learn for the on-going response and for future similar responses. Findings from the IAHE may, where relevant, identify areas that need to be addressed to improve the response, as well as inform longer-term recovery plans and support preparedness efforts. Evaluation results are expected to inform the preparation of new Response Plans or the revisions of Plans as appropriate. The IAHE is also expected to generate information and analysis relevant to actors engaged in the on-going response, including local, national and donor stakeholders.
4. Also main users of the IAHE are the IASC Principals, the IASC Working Group and Emergency Directors group, who are expected to use IAHE results and lessons learned as part of their overall monitoring strategies on key strategic issues at the global level, policy-making and conceptualization of the approach to future emergencies. The audience and potential users of the evaluation also include donors, the Government of South Sudan, regional stakeholders, and other national responders, and affected population, which might use the evaluation results for learning, awareness and advocacy purposes.

## Evaluation Questions and Criteria

1. As per the guidance document “Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs): Guidelines”[[28]](#footnote-28), the following key areas of inquiry must be addressed by all IAHEs:
2. To what extent are SRP objectives appropriate and relevant to meet humanitarian needs, and have systems been established to measure their achievement? To what extent are the results articulated in the 2014 Crisis Response Plans (CRP) achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster? (i.e. was the response to protect conflict affected communities and support them relevant and effective?)
3. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?
4. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?
5. To what extent were IASC core humanitarian programming principals and guidance applied?
6. In addition to these four core questions, the evaluation team will develop context-specific sub-questions during the inception phase of the individual IAHEs. Contextualization of the present Terms of Reference, taking into account the specific characteristics of the response and the context in which it has taken place, will be conducted in consultation with the HC/HCT during the inception phase of the evaluation. To this purpose, during the inception mission the evaluation team will conduct ample in-country consultations with all key response stakeholders, to ensure that their views on issues that need to be considered, potential sub-questions, etc are incorporated in the IAHE. The inception report will also consider the next Crisis Response Plan launched in June 2014 and confirm the objectives around which to assess results.
7. The evaluation will draw evidence-based conclusions in relation to internationally established evaluation criteria drawn from UNEG norms and guidance[[29]](#footnote-29), OECD/DAC[[30]](#footnote-30) and the ALNAP criteria for the evaluation of humanitarian action,[[31]](#footnote-31) including: i) relevance, ii) coherence, iii) coverage, iv) connectedness, v) efficiency, vi) effectiveness, vii) impact, viii) sustainability, and ix) coordination. The delivery of protection will be considered as a sector subject to the same criteria to be applied to other areas under review. Not all criteria may necessarily be applicable, and the evaluation team will need to assess which criteria are most relevant during the inception phase of the IAHE.

## Methodology

1. The evaluation will use mixed method analysis, employing the most appropriate qualitative and quantitative approaches, data types, and methods of data analysis. To ensure maximum validity and reliability of data, the evaluation team will ensure triangulation of the various data sources.
2. The evaluation team will be guided by the major analytical frameworks that form the basis for drawing final conclusions and generating forward-looking recommendations, namely: the IAHE key questions, the CRPs, as the main reference to assess whether the response objectives have been achieved, and the IAHE impact pathway, which outlines the key components of a successfully coordinated response.[[32]](#footnote-32)
3. During the inception phase, the evaluation team will propose a detailed methodology designed to provide evidence around the results of the collective humanitarian response. The inception report should include a description of data sources, data collection and analysis methods/tools, indicators, triangulation plan, financial overview, factors for comparative analysis, and validation strategy, as well as how the team intends to incorporate the views of affected people.
4. Methods of analyses may include, among others: the review of various sources of information, including review of monitoring data; field visits; interviews with key stakeholders (affected population, UN, NGOs, donors, government representatives and civil society organizations); (gendered) focus groups and cross-validation of data. Consultations will ensure that diverse stakeholder groups are included, paying specific attention to adequately engage women, men, boys and girls of different ages, and taking into consideration the existence of disadvantaged groups, such as people with disabilities. The evaluation approach will be in line with UNEG guidance on integrating human rights and gender equality, with ALNAP guidelines on evaluating humanitarian action, UNEG norms and standards and the International Humanitarian Principles.
5. In line with the System-wide Action Plan (UN-SWAP) on gender equality and the IASC Gender Equality Policy Statement[[33]](#footnote-33), the evaluation will use gender analysis, and will specifically assess the extent to which gender considerations have been taken into account in the provision of the response. The final report should acknowledge how inclusive stakeholder participation was ensured during the evaluation process and any challenges to obtaining the gender equality information or to addressing these issues appropriately.
6. As protection is less easily measurable than other sectors, the evaluation will a) see how successful the Protection Cluster has been in promoting protection as a cross cutting element in the response, and (b) assess whether the aggregate of the responses has resulted in improved overall protection of affected people.
7. The evaluation team will conduct field visits to the affected areas. The team should seek to spend the necessary amount of time during the field mission to conduct direct consultations with local communities affected by the disaster and that have received international assistance. The evaluation should, wherever possible, undertake systematic data gathering from both beneficiaries and non-beneficiaries on the appropriateness and quality of the assistance provided. In deciding the amount of time to be spent in consultations with communities in the affected areas, it is important that the evaluation team keeps a balance in the need to identify high level and strategic themes, and the need to ensure sufficiently ample consultations.
8. The inception report will also provide a detailed stakeholder analysis and a clear indication of on how/who of national entities and communities will be (a) consulted (b) engaged with (c) involved in the evaluation process as relevant. The evaluation team should explicitly describe in the inception report the approaches and strategies that will be used to identify and reach response beneficiaries and affected people, and to adequately engage women, men, boys and girls of different ages, taking into consideration the existence of disadvantaged groups. These strategies may include, among others, the selection of key informants, use of snowball sampling strategies, use of focus groups, etc. The advantages and limitations of the use of these methods should also be clearly explained.
9. Adherence to a code of ethics in the gathering, treatment and use of data collected should be made explicit in the inception report.
10. An evaluation matrix will be prepared during the inception phase in which sources of data, methods and criteria will be defined for each evaluation question.

## Management arrangements and Stakeholder Participation[[34]](#footnote-34)

1. **Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG)**
2. As per IAHE Guidelines, the IAHE Steering Group will provide final approval to the members of the South Sudan IAHE Management Group, as well as the IAHE Terms of Reference and the final evaluation report.
3. **Inter-Agency Humanitarian Evaluation Management Group (IAHE MG)**
4. The evaluation will be managed by the South Sudan IAHE Management Group, which is chaired by OCHA. The South Sudan IAHE Management Group will provide sustained support and guidance to the evaluation process, in order to ensure its relevance, independence and transparency, and promote the utilization of evaluation results. The South Sudan IAHE Management Group will be comprised of the following organizations: OCHA, UNHCR, UNICEF, and WFP.
5. In accordance with IAHE Guidelines, IAHE Management Group members will act as point of contact for the evaluation for their organizations, and provide quality control and inputs to the IAHE (including during the development of the TORs, evaluation team briefing, review and approval of the inception report, and review of the draft report and presentations) and will facilitate dissemination and follow up of the final evaluation report cleared by the IAHE Steering Group.
6. The Chair of the IAHE Management Group will be OCHA’s Chief of Evaluation. OCHA will appoint an Evaluation Manager, who will be the main point of contact for the evaluation and will ensure day-to-day support and consistency throughout the evaluation process, from drafting the Terms of Reference to the dissemination of the report. The evaluation manager will also be the contact person for administrative and organizational issues, and will coordinate activities of the different stakeholders involved in the evaluation. He/she will organize and supervise the different phases of the evaluation process and ensure the quality of all deliverables submitted by the evaluation team.
7. The HC for South Sudan will appoint an in-country focal point for the evaluation to act as point of contact in the country for the evaluation, facilitate access to pertinent information and relevant documents and to help organize the field visits.
8. IAHE In-country Advisory Group
9. An in-country Advisory Group for the IAHE will also be formed, to represent country-level stakeholders that have been directly involved in the response or affected by the disaster. The roles and responsibilities of this group include: to serve as the main link between the IAHE evaluation team and key stakeholder groups, to help the evaluation team identify priority questions for the evaluation, to provide feedback on key evaluation issues and evaluation deliverables such as the inception and draft evaluation reports, to help promote ownership of respective stakeholder groups, and to assist in the development and implementation of a communication strategy for the IAHE findings.
10. The membership of the In-Country Advisory group will be based on a “mapping” of key stakeholders. Stakeholders in the IAHE In-Country Advisory Group may include UN Agencies, UN mission, international and local NGOs, key donors, national entities, government representatives, private sector representatives and civil society representatives. Members of the In-Country Advisory Group will be appointed by the HC.

## Deliverables and Reporting Requirements

1. The quality of the evaluation report will be assessed according to the UNEG Norms and Standards for Evaluation and the OCHA Quality Assurance System for Evaluations.
2. The inception and draft reports will be produced jointly by the members of the evaluation team and reflect their collective understanding of the evaluation. All deliverables listed will be written in good Standard English. If in the estimation of the Evaluation Manager the reports do not meet required standards, the Evaluation Team will ensure at their own expense the editing and changes needed to bring it to the required standards.

**A. Inception Report**

1. The Evaluation Team will produce an inception report not to exceed 15000 words, excluding annexes, setting out:

* The team’s understanding of the issues to be evaluated (scope), questions that the IAHE intends to answer, and their understanding of the context in which the IAHE takes place;
* Inclusion of a comprehensive stakeholders mapping and analysis;
* Any suggested deviations from the ToRs, including any additional issues raised during the initial consultations;
* Evaluation framework, selected criteria of analysis and sub-questions;
* An evaluation matrix showing, for each question, the indicators proposed and sources of information;
* Methodology, including details of gender analysis and triangulation strategy;
* Data collection and analysis tools that will be used to conduct the IAHE (survey, interview questions, document with the preparation of field visit and schedule of interviews, etc.);
* Any limitations of the chosen methods of data collection and analysis and how they will be addressed;
* How will the views of the affected populations as well as protection and gender issues be addressed during the evaluation;
* Data collection and analysis plan;
* Detailed fieldwork plan;
* Detailed timeline for the evaluation;
* Interview guides, survey instruments, and/or other tools to be employed for the evaluation;
* Draft dissemination strategy of the evaluation findings (including with the IAHE Management Group and the IAHE In-Country Advisory group).

**B. Evaluation Report**

1. The Evaluation Team will produce a single report, written in a clear and concise manner that allows readers to understand what are the main evaluation findings, conclusions and corresponding recommendations, and their inter-relationship. The report should be comprised of:

* Executive summary of no more than 2500 words;
* Table of contents;
* Summary table linking findings, conclusions and recommendations, including where responsibility for follow up should lie;
* Analysis of context in which the response was implemented;
* Methodology summary – a brief chapter, with a more detailed description provided in an annex;
* Main body of the report, including an overall assessment, findings in response to the evaluation questions, conclusions and recommendations;
* Annexes will include: (1) ToR, (2) Detailed methodology, (3) List of persons met, (4) Details of qualitative and quantitative analysis undertaken, (6) Team itinerary, (7) All evaluation tools employed, (8) List of acronyms; and (9) Bibliography of documents (including web pages, etc.) relevant to the evaluation; (10) Assessment of the usefulness of the IAHE guidelines and process and main recommendations for their improvement.

1. For accuracy and credibility, recommendations should follow logically from the evaluation findings and conclusions, and be:

* Categorised as a) Critical, b) Important, or c) Opportunity for learning.
* Relevant, realistic and useful and reflect the reality of the context;
* Specific, measurable, clearly stated and not broad or vague;
* Realistic and reflect an understanding of the humanitarian system and potential constraints to follow-up;
* Suggest where responsibility for follow-up should lie and include a timeframe for follow-up.

1. The draft report will be reviewed by the IAHE Management Group and the final version cleared by the IAHE Steering Group prior to dissemination.

**C. Other evaluation products.**

1. The Evaluation Team will also produce presentations, as requested by the Evaluation Management Group, including presentations to HC/HCT, IASC members, in-country presentations to local communities and affected people, etc.
2. The Evaluation Team will also provide regular feedback on the appropriateness of IAHE guidelines and the IAHE process, for each of the IAHE phases (inception, evaluation, reporting, dissemination), and suggest possible ways to improve them through conference calls with the IAHE Steering Group and Management Group, as well as a document to be included as an annex to the evaluation report. Lessons learned on the use of the IAHEs guidelines will be synthesised in a final written aide-memoire.
3. Additional dissemination evaluation products such as briefs, video presentations or précis may be proposed in the inception report.
4. **Feedback on IAHE process.**
5. The Evaluation Team will also produce a brief document and presentation with an assessment of the usefulness of the IAHE guidelines and process, and main recommendations for their improvement.

## Dissemination and follow up

1. The Evaluation Team will conduct the following presentations:

* At the end of the field visit, the evaluation team will conduct an exit briefing with the IAHE In-Country Advisory Group and the IAHE Management Group to share first impressions, preliminary findings and possible areas of conclusions and recommendations. The brief will also help clarify issues and outline any expected pending actions from any stakeholders, as relevant, as well as discuss next steps;
* Upon completion of the final evaluation report, the results of the IAHE will be presented by the evaluation team (or evaluation manager) to the IASC in New York and Geneva;
* Once the evaluation is completed, presentations of the main findings and recommendations will be made available to various fora as decided by OCHA and the IAHE Management Group. The Evaluation Team may be requested to assist with these presentations.

1. The IAHE final report will also be submitted to the IASC Working Group, the EDG and the Principals for information.
2. Once the evaluation results are finalized, national evaluators will help feed back results to communities who participated in the evaluation and to affected people and communities.
3. In addition to the Evaluation Report and oral briefings, the evaluation findings and recommendations can be presented through alternative ways of dissemination, such as video. The Evaluation Team will consider possible ways to present the evaluation and include a dissemination strategy proposal in the Inception Report.
4. The recommendations of the evaluation will be addressed through a formal Management Response Plan (MRP). The preparation of the MRP will be facilitated by the IASC Working Group Chair. Three months after the issuance of the IAHE report, the HC in South Sudan will provide the ERC, the IASC Working Group and the IASC Emergency Directors with an update on the implementation of follow-up plans.

## *The Evaluation Team*

1. The Evaluation Team will be recruited through a competitive process. The evaluation will require the services of an Evaluation Team of 5 members with the following collective experience and skills:

* Extensive evaluation experience of humanitarian strategies and programmes, and other key humanitarian issues, especially humanitarian finance and funding instruments;
* Experience with and institutional knowledge of UN and NGO actors, inter-agency mechanisms at headquarters and in the field;
* Extensive knowledge of humanitarian law and principles, and experience with using human rights, protection and gender analysis in evaluations (at least one of the team members should have experience in gender analysis);
* Good understanding of cross-cutting issues, such as gender, resilience, transition, etc;
* Good understanding of humanitarian situation in South Sudan
* An appropriate range of field experience and experience in insecure environments and willingness to travel in such environments;
* Experience in facilitating consultative workshops involving a wide range of organizations and participants;
* The team leader should have excellent writing and communication skills in English.

1. The Evaluation Team will include a Team Leader, who is responsible for the overall conduct of the evaluation in accordance with the ToR, including:

* Developing and adjusting the evaluation methodology;
* Managing the evaluation team, ensuring efficient division of tasks between mission members and taking responsibility for the quality of their work;
* Undertaking the inception field mission;
* Representing the Evaluation Team in meetings;
* Ensuring the quality of all outputs; and
* Submitting all outputs in a timely manner.

1. The Team Leader will have no less than 15 years of professional experience in humanitarian action, including experience in management of humanitarian operations. S/he will, further, have at least seven years of experience in conducting evaluations of humanitarian operations and demonstrate strong analytical, communication and writing skills.
2. To the extent possible, the Evaluation Team will be gender balanced and represent geographical diversity.

**Annex 2: Reported Achievements and Current Situation**

Evaluation Question 1 calls for an assessment of results against the targets of the CRPs. Basic data is available in reports, notably the following. Further data is expected before the Evaluation Report is drafted at the end of May. The IAHE will focus on the issues relating to this data rather than on further data collection.

**Summary of Achievements in 2014** (adapted from ‘OCHA: South Sudan 2014 in Review’)

South Sudan avoided a famine, and aid agencies reached 2.3 million people with emergency food assistance, and 4.8 million people with livelihoods support. However, 2.5 million people are still severely food insecure. In some coun­ties, up to 80 per cent of the population was unable to plant staple crops, and malnutrition is critical in conflict-affected areas.

South Sudan overcame a cholera epidemic, and clean water and sanitation support was provided to 3.6 million people. Water and sanitation programming must be sustained to avoid the same threat all over again come the rainy season.

Aid agencies negotiated access, and are present in 81 locations throughout the country. However, ongoing hostili­ties limit access to six counties in Jonglei and Unity state, exacerbating food insecurity and malnutrition.

Aid agencies delivered humanitarian cargo by air and road across the country. Barges delivered lifesaving assistance cross-border from Sudan and up from Juba. Yet logistics must be enhanced and roads and airstrips repaired now, in the dry season, to sustain that support and reach those who have not received any support at all.

Over 260,000 children were reached with emergency education services. However, the conflict has caused 400,000 children and adolescents to drop out of school. Country wide, secondary school enrolment is just 2 per cent.

Over 100,000 people living in UN bases were provided with life-saving and sustaining support, but conditions must be improved for civilians who are still living there as well as for any new arrivals seeking protection from conflict.

|  |  |
| --- | --- |
| **PEOPLE TO BE REACHED WITH ASSISTANCE IN 2014 (PLANNED)** | **3.8 MILLION** |
| **PEOPLE REACHED WITH LIFESAVING ASSISTANCE IN 2014 (WATER AND SANITATION)** | **3.6 MILLION** |
| **PEOPLE REACHED WITH ASSISTANCE OVERALL (LIVELIHOODS)** | **4.8 MILLION** |
| **KEY ACHIEVEMENTS** | **SAVED LIVES**  **AVERTED FAMINE**  **OVERCAME CHOLERA**  **PROVIDED EDUCATION** |

Results in 2014

|  |  |  |  |
| --- | --- | --- | --- |
| **CLUSTER** | **KEY OBJECTIVE** | **PEOPLE TO BE ASSISTED (OR TARGET)** | **PEOPLE REACHED**  **OR ACHIEVEMENT** |
| CAMP COORDINATION AND CAMP MANAGEMENT | IMPROVE LIVING CONDITIONS FOR THE DISPLACED | 693,000 | 444,300 REACHED W/ CAMP MANAGEMENT SERVICES |
| EDUCATION | PROVIDE SAFE LEARNING SPACES, BASIC LEARNING EQUIPMENT, LIFE-SKILLS, AND PSYCHOSOCIAL SUPPORT | 275,200 | 261,500 CHILDREN REACHED WITH EMERGENCY EDUCATION SERVICES |
| EMERGENCY TELECOMS | PROVIDE TELECOMS AND DATA CONNECTIVITY TO HUMANITARIAN COMMUNITY | 180 HUMANITARIAN ORGANIZATIONS | 120 HUMANITARIAN ORGANIZATIONS SERVED |
| FSL – FOOD | ENSURE ACCESS TO FOOD FOR PEOPLE W/ SEVERE FOOD INSECRUITY | 3,300,000 | 2,300,000 PEOPLE RECEIVED FOOD ASSISTANCE |
| FSL – LIVELIHOOD | SUPPORT FOOD PRODUCTION FOR PEOPLE W/ SEVERE FOOD INSECURITY | 3,300,000 | 4,800,000 PEOPLE RECEIVED SEEDS, TOOLS, OR FISHING KITS |
| HEALTH | PROVIDE EMERGENCY PRIMARY HEALTH CARE; RESPONSE CAPACITY FOR SURGERIES; RESPOND TO HEALTH-RELATED EMERGENCIES | 3,100,000 | 2,800,000 PEOPLE CONSULTED WITH A HEALTH PROVIDER |
| LOGISTICS | PROVIDE ROAD, RIVER, AIR TRANSPORT, STORAGE SPACE, AND LOGISTICS COORDINATION TO HUMANITARIANS | 75 ORGANIZATIONS | 91 ORGANIZATIONS SUPPORTED WITH 6,033MT OF CARGO DELIVERY TO 72 LOCATIONS |
| MINE ACTION | FACILITATE SAFE MOVEMENT FOR CIVILIANS AND HUMANITARIANS. REDUCE RISK OF INJURY. | 500 KM OF ROAD CLEARED/VERIFIED  6,000,000 SQM LAND CLEARED | 407KM OF ROAD CLEARED/VERIFIED  9,300,000 SQM LAND CLEARED |
| NFI-SHELTER | DELIVER LOCALLY APPROPRIATE, TIMELY, TARGETTED SHELTER SOLUTIONS | 450,000 | 300,755 |
| NFI | DELIVER BASIC NON-FOOD ITEM SUPPLIES | 1,000,000 | 1,014,000 |
| NUTRITION | MANAGE ACUTE MALNUTRITION, AND ENSURE ACCURATE NEEDS-ANALYSIS | 3,100,000 | 1,600,000 |
| REFUGEE RESPONSE (INSIDE SOUTH SUDAN) | SUPPORT MULTI-SECTORAL HUMANITARIAN NEEDS OF REFUGEES IN SOUTH SUDAN | 248,100 | 247,700 |
| PROTECTION | ENHANCE AND ENSURE PROTECTION OF VULNERABLE PEOPLE | 400,000 PEOPLE RECEIVE GBV MESSAGING  261,500 CHILDREN BENEFIT FROM CHILD PROTECTION SERVICES | 311,000 PEOPLE RECEIVE GBV MESSAGES THROUGH RADIO AND FACE-TO-FACE CAMPAIGNS  210,658 CHILDREN RECEIVE FAMILY TRACING, REUNIFICATION, OR PSYSCHOSOCIAL SERVICES |
| WATER AND SANITATION | DELIVER EMERGENCY WATER AND SANITATION ASSISTANCE | 3,800,000 | 3,600,000 PEOPLE REACHED WITH EMERGENCY WASH SUPPORT, HALF OF WHOM ARE DISPLACED POPULATIONS |

Source: OCHA Info Sheet February 2015

**Key Achievements** (as listed in Humanitarian Response Plan 2015)

In 2014 we committed to saving lives, averting famine, and preventing the loss of a generation. Working together with the people of this country much has been achieved.

• South Sudan avoided a famine, yet 1.5 million people are severely food insecure even at the height of harvest season. As we enter 2015, the number will rise to 2.5 million with a further 3.9 million being ‘merely’ food insecure.

• We reached 3.5 million people – one million people in remote locations – with aid, but we must enhance our logistics to reach those whom we have yet to access.

• South Sudan overcame a cholera epidemic, but we must forge ahead with water and sanita­tion programmes to avoid the same threat all over again in the next rainy season.

• We vaccinated nearly 1 million children against measles and polio, but must continue doing so to prevent these diseases reaching their potential for death and destruction.

• We provided life-saving support to 100,000 people protected in UN bases, but we must continue to improve conditions for civilians there as well as for any new arrivals.

We negotiated access by air and river, but require unhindered road access in the dry season to get aid to all in need and preposition relief before the next rains close roads.

1. **Current situation** (adapted from OCHA Humanitarian Response Plan 2015)

Key features:

• Life-threatening needs driven by the conflict are made worse by extreme poverty and some of the world’s lowest levels of development indicators.

• Needs are most acute in areas with active hostilities or large numbers of people displaced.

• Chronic needs such as severe food insecurity, high rates of malnutrition, vulnerability to disease outbreaks and exposure to gender-based violence are also present in other parts of the country.

The conflict that began in December 2013 in South Sudan continues to affect the lives of millions of people. It has been marked by brutal violence against civilians and deepening suffering across the country. Insecurity and active hostilities constrain civilians’ freedom of movement. The major humanitarian consequences are widespread displacement due to the violence; high rates of death, disease, and injuries, severe food insecurity and disrupted livelihoods, and a major malnutrition crisis.

Some 5.8 million people are estimated to be in some degree of food insecurity as of September 2014. This number is projected to increase to 6.4 million during the first quarter of 2015. The people in need for the coming year include an anticipated 1.95 million internally displaced people and a projected 293,000 refugees. In addition, around 270,000 more people will likely have sought refuge in neighbouring countries by the end of 2015, including those who left in 2014. Within South Sudan most acute needs are found in the three states that have seen the most active hostilities: Jonglei, Unity and Upper Nile.

The crisis has disrupted an already weak service delivery system, particularly in those three states most affected by conflict. Lakes State has witnessed persistent inter-communal fighting. Many of the 1,200 schools in Jonglei, Unity and Upper Nile are closed due to the conflict. Water supply in towns, including major hubs such as Bentiu and Malakal, is no longer functioning or accessible to civilians. An estimated 184 health facilities in the three conflict states have been either destroyed, are occupied, or are no longer functioning.

South Sudan was already fragile before the current crisis, and other parts of the country continue to be affected by food insecurity, disease outbreaks, malnutrition and other threats to lives, livelihoods and well-being. Central and Eastern Equatoria states, for example, have been heavily affected by an unprecedented cholera outbreak. Women, young boys and girls and elderly men and women are particularly vulnerable, as are people who have had to flee their homes due to the conflict.

Many South Sudanese rely on livestock and agriculture for their livelihoods. Those who have been displaced from their homes have been less able to plant or care for their animals. Most of those whose income sources are unreliable or unsustainable are women.

Infrastructure is severely underdeveloped. About 60 per cent of roads are impassable in the rainy season, which lasts about 5-6 months. In addition, basic services such as health, social welfare, water and sanitation, nutrition, and education, have low coverage. Further, explosive remnants of the conflict contaminate roads, towns, and agricultural areas.

<http://reliefweb.int/report/south-sudan/south-sudan-humanitarian-response-plan-2015>

**Annex 3: Key Reference Documents**

**UN General**

Report of the Secretary-General on children and armed conflict in South Sudan 1 March 2011-30 September 2014. S/2014/884 dated 11 December 2014

**IASC**

Inter-Agency Humanitarian Evaluations of Large-scale System-wide emergencies (IAHEs) Guidelines

Reference Model of the Humanitarian Programme Cycle, December 2013

**OCHA**

CHF South Sudan Dashboard: 31 December 2014

Common Humanitarian Fund South Sudan 2013 Annual Report

Emergency Directors: Mission to South Sudan March 21-24th 2014 –Summary Report

Guidelines for Coordination between Humanitarian Actors and the UN Mission in South Sudan

Needs Monitoring and Classification (Severity Ranking Tool)

Policy Paper - South Sudan Common Humanitarian Fund (CHF) Reserve allocation to support response in hard to reach areas *May 30th 2014*

South Sudan Consolidated Appeal 2014-2016

South Sudan Crisis Response Plan 2014

South Sudan Humanitarian Response Plan 2015

South Sudan CHF and National NNGOs

**Other UN**

WFP: Market Assessment South Sudan 2015

**Annex 4: Persons interviewed during the Inception visit to Juba 9-13th February**

Monday 9th Feb

* UNDSS general security briefing: **Jozef Stahuliak, Field Coordination Officer**
* Integrity Research and Consulting: **Diana Ware, Country Manager South Sudan**
* Health Cluster: several members, including **Julius Wekesa, Cluster Coordinator, WHO** and **Ann O’Brien, GOAL**
* Nutrition Cluster, several members including **Maya** (surname pending), **Nutrition Cluster Coordinator**
* **Esteban Sacco, OCHA Dep HOO for Field Operations**, and **Ania Zolkiewska, Humanitarian Policy Unit**

Tues 10th Feb

* UNMISS – Relief, Reintegration and Protection Unit, including **Derk Segaar, Head of Relief, Reintegration and Protection Section**
* FSL Cluster, several members, including **Omar Farook, WFP** and **Abdul Majid, FAO Cluster Co-coordinators**
* Education Cluster, several members including **Hollyn Hammond, Cluster Co-Coordinator, Save the Children** and **Sampa Halungpa,** **Cluster Co-Coordinator, Unicef**
* NGO Forum, **Hosanna Fox, Senior Policy and Advocacy Advisor** and **Lucia Goldsmith, Secretariat Coordinator**
* OCHA Humanitarian Funding Unit, **David Throp, Head of Humanitarian Financing Unit, OCHA** and **Olivier Nkidiaka**, **Humanitarian Affairs Officer**

Wed 11th Feb

* UNDSS on Security Risk Assessments, led by **Royston Wright, Deputy Chief Security Adviser**
* ECHO, **Simon Mansfield, Technical Assistant**
* Protection Cluster, several members including **Lisa (surname pending) NRC** and **Joan (surname pending) UNHCR, Cluster Co-Coordinators**
* OCHA HOO, and two Deputy HOOs: **Vincent Lelei**, **Paola Emerson** and **Esteban Sacco**
* OCHA Emergency Preparedness and Response Unit (on Rapid Response Model):**Safari Djumapili**
* (observed) Operational Working Group meeting, chaired by **Safari Djumapili, OCHA**

Thurs 12th Feb

* **Humanitarian Coordinator, Toby Lanzer**
* Humanitarian County Team meeting (debriefed the meeting on scoping mission): **Jonathon Veitch, Representative, Unicef** in the chair (deputising for HC)
* OCHA Emergency Preparedness and Response Unit (for more detail on possible places to visit) led by **Safari Jumapili**
* IAHE Advisory group: Paola Emerson, OCHA; **Donato Ochan Hakim, South Sudan Older People’s Organisation; Jonathon Veitch, Unicef; Nicholas Coghlan, Canadian Ambassador; Philippe Besson, Swiss Embassy; Hosanna Fox, NGO Forum; Serge Tissot, FAO (deputising for Sue Lautze, Representative)**
* Inter-cluster Working Group, chaired by **Paola Emerson, OCHA**
* SUDD Institute: **Dr. Pauline Elaine Riak, Executive Director**
* Logistics Cluster, several members including **Aiedah Shukrie, Deputy Cluster Coordinator, WFP** and **Mario Sibrian, UNHAS/WFP**
* OFDA: **Kate Farnsworth**
* WASH Cluster: **Cluster Co-Coordinators from Unicef** and **Medair** (names to follow)
* International NGOs (informal dinner meeting): **Marc van der Mullen (MSF**), **Mohammed Qazilbash (Mercy Corps )** and **Anne Reitsema (Medair)** plus NGO Forum staff, as above

Fri 13th Feb

* Internews: **Deborah Ensor, Chief of Party** and **Rafiq Copeland, Media Initiatives Manager**
* DfID: **Olivia Kalis, Humanitarian Advisor**
* OCHA debrief (HOO and 2 deputies): **Vincent Lelei**, **Paola Emerson** and **Esteban Sacco**

**Annex 5: Evaluation Matrix**

1. IAHE Guidelines p4 [↑](#footnote-ref-1)
2. Reference Model of the HPC, December 2013 p22 [↑](#footnote-ref-2)
3. From: The State of the Humanitarian System (2012 Edition), ALNAP, page 8. The report is accessible from: <http://www.alnap.org/ourwork/sohs> [↑](#footnote-ref-3)
4. IASC Reference Model of the Humanitarian Programme Cycle, December 2013 p22 [↑](#footnote-ref-4)
5. Reference Model of the HPC p22 [↑](#footnote-ref-5)
6. IAHE Guidelines p5 [↑](#footnote-ref-6)
7. Ibid [↑](#footnote-ref-7)
8. The Strategic Response Plan 2014-2016 was replaced by the Crisis Response Plan (CRP) of February 2014 which was followed by a second CRP (titled Strategic Response Plan) in June covering the period to December. Following the TOR, they are referred to in the IAHE as CRPs. A new plan for 2015 called Humanitarian Response Plan (HRP) was released in February. [↑](#footnote-ref-8)
9. Reference Model of the HPC p22 [↑](#footnote-ref-9)
10. As stated in the Consolidated Appeal, figures for maternal mortality and school enrolment in 2013 were among the very worst in the world. Infant mortality was also extremely high. Over 800,000 people faced severe food shortages in 2014 and over 4 million people were at risk. These figures reflect chronic poverty (more than half the people below the national poverty line) and underdevelopment, as well as the impact of disasters. [↑](#footnote-ref-10)
11. Op cit p16 [↑](#footnote-ref-11)
12. These were slightly changed in the later CRP and this may need to be taken into account in the Evaluation report. [↑](#footnote-ref-12)
13. For security reasons the team members are now contracted directly by the UN instead of through a company. This change delayed the schedule. [↑](#footnote-ref-13)
14. As noted above in Section 1, IAHEs do not focus on specific sectors but on the totality of the response across the sectors [↑](#footnote-ref-14)
15. The formal arrangements between UNMISS and humanitarian agencies have been set out in the paper, endorsed by the HCT, ‘Final Guidelines for Coordination between Humanitarian Actors and the UN Mission in South Sudan’. OCHA has been designated as the focal point for liaison and coordination. [↑](#footnote-ref-15)
16. These are camps within UNMISS compounds occupied by persons who have fled from the fighting [↑](#footnote-ref-16)
17. ‘South Sudan CHF and National NNGOs’ (Draft October 2014) [↑](#footnote-ref-17)
18. One of the team will only be present for 2 weeks [↑](#footnote-ref-18)
19. Adapted from DFID Ethics and Principles for Research and Evaluation, 2011. https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/67483/dfid-ethics-prcpls-rsrch-eval.pdf [↑](#footnote-ref-19)
20. In some cases specific interviewees are given but otherwise this has yet to be specified [↑](#footnote-ref-20)
21. A separate category is given so that interviews etc in the field can be targeted most usefully towards specific parts of the evaluation [↑](#footnote-ref-21)
22. All team members will cover all issues but it is useful to have a lead person who will take responsibility for some of the key issues and ensure that they are fully covered [↑](#footnote-ref-22)
23. The IAHE Management Group has confirmed it does not expect the team to look at Refugee programming [↑](#footnote-ref-23)
24. For current purposes, CwC and AAP can be regarded as the same [↑](#footnote-ref-24)
25. The five Protocols are: Empowered Leadership; Humanitarian System wide Emergency Activation; Responding to Level 3 Emergencies What empowered leadership looks like in practice ; Reference Module for Cluster Coordination at the Country Level; and Responding to Level 3 Emergencies: The Humanitarian Programme Cycle [↑](#footnote-ref-25)
26. Humanitarian principles provide the foundation for humanitarian action and they are: humanity, neutrality, impartiality and independence. For more information on humanitarian principles, please see: <https://docs.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf> [↑](#footnote-ref-26)
27. Prior to 2014, a number of inter-agency real time evaluations were conducted, but the scope, methodology and objectives of such exercises were significantly different from those of IAHEs. [↑](#footnote-ref-27)
28. See “Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs): Guidelines” Developed by the IAHE Steering Group, April 2014. [↑](#footnote-ref-28)
29. See UNEG’s website: www.uneval.org. [↑](#footnote-ref-29)
30. See the DAC criteria for evaluating development assistance Factsheet at: http://www.oecd.org/dac/evaluation/49756382.pdf [↑](#footnote-ref-30)
31. See the *ALNAP guide for humanitarian agencies: Evaluating humanitarian action using the OECD/DAC criteria* at www.alnap.org/pool/files/eha\_2006.pdf  [↑](#footnote-ref-31)
32. See Annex 1 of the ToR – Impact Pathway for IAHEs. [↑](#footnote-ref-32)
33. Approved by the IASC Working Group on 20 June 2008. [↑](#footnote-ref-33)
34. For further details on the specific roles and responsibilities of the different IAHE stakeholders, please see “Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs): Guidelines, developed by the IAHE Steering Group, April 2014. [↑](#footnote-ref-34)